

**MIAMI TOWNSHIP  
MOTOR VEHICLE CRASH REPORT  
(PRIVATE PROPERTY)**

LOCAL REPORT NO. <b>15-16243</b>		CAD# <b>2015-117379</b>		LOCAL FILE NO. <b>15-16243</b>	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH. PEDESTRIANS INVOLVED <b>2</b>	IN COUNTY OF <b>CUERMONT</b>	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	DATE OF CRASH <b>12/14/15</b>	TIME: MILITARY <b>1630</b>
CRASH OCCURRED AT <b>1075 HWY 28 (PLANET FITNESS)</b>				TWP PROPERTY DAMAGED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

NARRATIVE SECTION

<b>A</b>	UNIT NO. <b>1</b>	NO. OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INS. CO. POLICY NO. <b>GEICO 4202-19-02-44</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>RILEY, JACOB R</b>				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE) <b>5902 MELODY LN MILFORD OH. 45150</b>				
PHONE NO. <b>(513) 720-2999</b>		D.O.B. <b>12/28/88</b>	SEX <b>M</b>	SOCIAL SECURITY NO. <b>1</b>		STATE <b>OH.</b>	DRIVER'S LICENSE NO. <b>54198871</b>	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>SAME</b>			D.O.B.		ADDRESS			PHONE
VEH. YR. <b>2009</b>	MAKE <b>CHEV.</b>	MODEL <b>MALIBU</b>	COLOR <b>BLACK</b>	STYLE <b>4S</b>	STATE <b>OH.</b>	LICENSE PLATE NO. <b>EMF1622</b>	TOWING SERVICE	VEH/PED DIR FROM TO <b>E W</b>

<b>B</b>	UNIT NO. <b>2</b>	NO. OF OCCUPANTS <b>1</b>	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INS. CO. POLICY NO. <b>ALFA 1134 00 8102 303</b>
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>WHITT, JENNIFER</b>				ADDRESS (NO. STREET, CITY, STATE, ZIP CODE) <b>6428 SR 133 GOSHEN, OH. 45122</b>				
PHONE NO. <b>(513) 725-6501</b>		D.O.B. <b>2/17/70</b>	SEX <b>F</b>	SOCIAL SECURITY NO. <b>1</b>		STATE <b>OH.</b>	DRIVER'S LICENSE NO. <b>RM0206269</b>	
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>WHITT, CARL J.</b>			D.O.B. <b>6/15/69</b>		ADDRESS <b>6428 SR 133 GOSHEN OH.</b>			PHONE <b>(513) 456-6969</b>
VEH. YR. <b>2000</b>	MAKE <b>GMC</b>	MODEL <b>MONTE</b>	COLOR <b>BEIGE</b>	STYLE <b>TR</b>	STATE <b>OH.</b>	LICENSE PLATE NO. <b>BKHNTR</b>	TOWING SERVICE	VEH/PED DIR FROM TO <b>E W</b>

OCCUPANT- WITNESS SECTION

FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE	CIRCLE DAMAGE	
	ADDRESS			
FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE	CIRCLE DAMAGE	
	ADDRESS			
FROM UNIT NO.	NAME (LAST, FIRST, MI)	PHONE	CIRCLE DAMAGE	
	ADDRESS			

NARRATIVE SECTION

DESCRIBE CRASH REFER TO UNITS BY NUMBER
<b>UNIT 1 WAS STOPPED WAITING TO TURN LEFT INTO PLANET FITNESS WHEN IT WAS STRUCK IN THE REAR BY UNIT 2</b>

DATE REPORT FILED <b>M12 D14 Y15</b>	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME <b>OFF. J.C. TAYLOR</b>	BADGE NO. <b>2</b>	CHECKED BY
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